

L03000011917

(Requestor's Name)



LANGSTON ENTERPRISES
140 GUY STRICKLAND RD
CRAWFORDVILLE, FL 32327

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

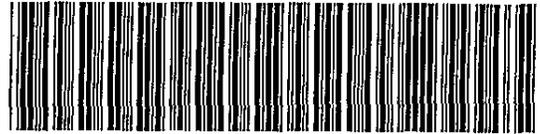
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 1, 2003

Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Dear Sir/Madam:

The following information applies to this request for our home-based business to receive the title of LLC.

Langston Enterprises is a parent company; there are subsidiaries "dba" Langston Enterprises which fall under the parent company's FEID#.

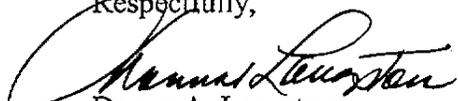
The principal office is located at 140 Guy Strickland Rd., Crawfordville, FL 32327. The business telephone number is (850) 926-1450.

There are three (3) members. This is a manager-managed enterprise.

Donna A. Langston
Daniel M. Langston
James T. Langston

Please feel free to contact me at (850) 644-6249 if there are any questions.

Respectfully,


Donna A. Langston
dlangsto@mail.fsu.edu

Langston Enterprises has been filed through the Department of State previously.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LANGSTON Enterprises, LLC. (Parent Company)

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

140 Guy Strickland Rd., Crawfordville, FL 32327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Cedric Spradley
Name
682 Millwood Drive
Florida street address (P.O. Box **NOT** acceptable)
Havana FL 32333
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Cedric Spradley
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Donna Langston
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DONNA A. LANGSTON
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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& ALIEN REGISTRATION
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